

MIKE BEEBE

ATTORNEY GENERAL OFFICE OF THE ATTORNEY GENERAL 323 CENTER STREET, Suite 200 LITTLE ROCK, AR 72201-2610 (501) 682-6150

PAID SOLICITOR NOTICE OF ENTRY INTO CONTRACT WITH A CHARITABLE ORGANIZATION

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.* paid solicitor is a person or entity who, for compensation, performs for a charitable organization any service in connection with which contributions are solicited by the person or by any other person he employs, procures, or engages to solicit for compensation; or a person who at any time has custody or control of contributions.

INSTRUCTIONS:

	A.	blank responses, or otherwise fails to comply with Ark. Code Ann. § 4-28-401 et seq. B Immediately notify the Consumer Protection Division of any change in the information contained in this notice filing.						
]	В							
]	C.							
	D. File a financial report for each solicitation campaign with the Attorney General no ninety (90) days after a solicitation campaign has been completed, and on the anniver commencement of any solicitation campaign lasting more than one (1) year.							
	Е.	File with:	Office of the Attorney General - Consu ATTN: Fund-Raiser Registration 323 Center Street, Suite 200 Little Rock, Arkansas 72201-2610	mer Protection Division (501) 682-6150				
	NAM	E OF PAID SOL	ICITOR					
	PHYS	SICAL ADDRES	S CITY	7 STATE	ZIP CODE			
	MAII	LING ADDRESS	CITY	Y STATE	ZIP CODE			
				(
	DESI	SIGNATED CONTACT PERSON TELEPHONE NUMBER						
	JOB 7	FITLE / POSITIO)N					

5. Name of charitable organization for whom promotion is being conducted:									
6.	Beginning a	nd ending dates of contract:	Begin _	/ End//					
7.	Ark. Code Ann. § 4-28-401 <i>et seq</i> . requires that the signed contract must be attached to this filing and provide the following:								
	 A. Identify the service the paid solicitor is to provide; B. Identify the manner and amount of the paid solicitor's compensation; and C. Require delivery of the gross collections of any promotion to the charitable organization or its designated representatives within five (5) days of its receipt. 								
	I swear and/	or affirm under penalty of law	that the	foregoing representations are true a	nd accurate.				
Date Signed			Name	of Paid Solicitor					
			By:	Signature	Title				
STATE OF)				Signature	Title				
COUNTY OF) SS:				Printed Signature					
	_/		Signature of Notary Public						
			Printe	d Signature					
*The	following is to b	e signed by an officer of the c	haritable	organization on whose behalf the	paid solicitor is acting.				
	I certify that	the information stated herein	is true an	d complete to the best of my knowl	edge.				
Date Signed			Name of Charitable Organization						
			By:	Signature	Title				
STATE OF) SS:									
COU	NTY OF)		Printed Signature					
of		ED AND SWORN to before n	ne, a Not	ary Public in, and for, said County	and State, this day				
My C	Commission Exp	ires:	<u> </u>						
/		Signature of Notary Public							
			Printe	d Signature					